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Country programme document

Botswana

Summary

The country programme document (CPD) for Botswana is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,510,000 from regular resources, subject to the availability of funds, and $4,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2017 to 2021.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the first regular session of 2017.

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Programme rationale

1. A landlocked country of 2.2 million people, Botswana has been one of the world's fastest-growing economies for about 50 years, and became an upper-middle-income country in the 1990s.[1] The country has successfully translated its natural capital into human capital through investments in health, education and infrastructure.

2. Economic wealth is matched by substantial government investment in development. In key areas, such as the reduction of monetary poverty, under-five mortality, and expanded access to safe water and education, the Millennium Development Goal targets have been met.[2] However, the economy, which is anchored in mineral and customs revenues,[3] is vulnerable to both short-term shocks and structural changes in the global economy.

3. Botswana has made major progress in reducing poverty. Between 2002–2003 and 2009-2010, the incidence of poverty based on the national poverty line decreased from 30.6 per cent to 19.3 per cent, while extreme poverty fell from 23.4 per cent to 6.4 per cent.[4] Among vulnerable groups, inequalities and deprivations greatly impact female-headed households, youth, and persons with disabilities. Botswana is one of the most unequal countries in the world, with a Gini coefficient of 60.5 per cent,[5] a gender inequality rank of 106,[6] and an inequality-adjusted human development index of 0.403.[7]

4. Monetary poverty is not the main challenge affecting children's well-being. A Multiple Overlapping Deprivation Analysis conducted by UNICEF revealed that while 19 per cent of the population is poor in monetary terms, 63 per cent of children live in multidimensional poverty — which comprises health, nutrition, education, housing, water and sanitation. Almost 43 per cent of children are deprived in two or more dimensions, although they live in households that are above the monetary poverty line. Deprived children tend to live in large, rural households headed by a female with low educational attainment, and with at least one member who is HIV positive, or disabled, or both.[8]

5. The challenges in addressing child poverty are evident across sectors. A UNICEF/ Ministry of Health and Wellness-led reanalysis of the Botswana Family Health Survey of 2007, following the adoption of the WHO (World Health

[1] United Nations Department of Economic and Social Affairs, Population Division, *World Population Prospects, The 2015 Revision: Key findings and advance tables*, New York, 2015.

[2] World Bank, Millennium Development Goals indicator values, <http://data.worldbank.org/data-catalog/millennium-development-indicators>, accessed July 2016.

[3] World Bank, "Botswana Overview", <www.worldbank.org/en/country/botswana/overview>, accessed 30 May 2016.

[4] Statistics Botswana, Botswana Core Welfare Indicators Survey 2009/10, Gaborone, 2013, pp. 28, 38.

[5] World Bank, *Botswana Poverty Assessment*, Washington, D.C., 2015, p. 3.

[6] United Nations Development Programme, Gender Inequality Index <http://hdr.undp.org/en/content/gender-inequality-index>, accessed July 2016.

[7] United Nations Development Programme, *Briefing note for countries on the 2015 Human Development Report Botswana*, <http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/BWA.pdf>, p. 4.

[8] United Nations Children's Fund Botswana, "Multiple Overlapping Deprivation Analysis — Botswana", forthcoming in 2016.

Organization) Child Growth Standards in Botswana, revealed a stunting prevalence of 31 per cent.[9] Undernutrition is also associated with 67 per cent of all under-five deaths that occur in referral hospitals. Botswana joined the Scaling Up Nutrition movement in 2015, which has provided a platform for greater collaboration across sectors and among stakeholders.

6. Although most children in Botswana benefit from basic education, significant proportions of school-age children start late, do not attend school consistently and fail to achieve quality education. There is a high rate of access to basic education, with the primary net enrolment rate at 92.9 per cent in 2012.[10] However, between 2009 and 2013, around 15 per cent of primary-school-age children were out of school. Access to pre-primary education is low, with the national net enrolment rate for children aged 3 to 5 years at 17.3 per cent in 2013.[11]

7. In 2014, 83.2 per cent of all births were registered.[12] Violence against children remains a major concern. A 2012 national violence survey indicated that 40 per cent of children aged 10-19 reported having experienced bullying and 25.1 per cent had been threatened or injured with a weapon. Additionally, 12.8 per cent of students with sexual experience had been forced to have sex during the 12 months prior to the survey.[13]

8. Social protection programmes have made significant contributions to reducing poverty.[14] The Government invested up to 4.4 per cent of gross domestic product (GDP) in social protection during 2012/13. It is estimated that extreme poverty could be eliminated in less than 10 years if programmes were improved through better targeting, monitoring, coordination and user participation.[15]

9. Families and communities play the most prominent role in child development, providing a safe and supportive environment for children to survive, thrive, and become active and engaged citizens. Yet this support structure has been undermined over the years, in part due to the HIV epidemic as well as changing economic and social norms and practices. In 2014, more than 75 per cent of children whose births were registered were born to single mothers, and 9 per cent to adolescent girls.[16]

10. The percentage of orphaned children in 2012 stood at 14.4 per cent, but only 13.9 per cent of their households had received free basic external support during the previous year, compared with 31.2 per cent in 2008.[17] Women and adolescent girls earn 25 per cent less than their male peers for the same work, face greater

[9] Nnyepims, M. et al., "Child nutrition situation in Botswana: observations from the 2000 and 2007 household survey" unpublished study, 2014.

[10] Statistics Botswana, *Pre and Primary Education 2013 Stats Brief*, Gaborone, 2015.

[11] Ibid.

[12] Statistics Botswana, *Vital Statistics Report 2014*, Gaborone, 2016, p. 8.

[13] Botswana Ministry of Education and Skills Development, Botswana Youth Risk Behavioural Surveillance Survey, Gaborone, 2012.

[14] United Nations Development Programme, *Human Development Report 2015: Work for human development*, New York, 2015, p. 140.

[15] Teshue, Cornelia, et al., "Botswana Social Protection Assessment", Working Paper, World Bank, Washington, D.C., December 2013.

[16] Statistics Botswana, *Vital Statistics Report 2014*, Gaborone, 2016, pp. 14, 11.

[17] Statistics Botswana, Botswana AIDS Impact Survey (IV) 2013, Gaborone, 2013, p. 15.

unemployment[18] and carry most of the domestic burden. They also experience high levels of violence, which affects 67 per cent of women.[19]

11. Bottlenecks in the supply and quality dimensions of child poverty include limited human resource capacity, fragmented services, and inconsistent and incomplete collection and analysis of data, including on the effectiveness of existing social programmes. Numerous demand-side bottlenecks, such as harmful traditions and practices in the home and community, impede protection, support and care for children.

12. Adolescents and youth aged 10-24 years face challenges in accessing education, employment, protection and participation. The 2011 census found that 28.6 per cent of rural youth aged 15-19 years were out of school, compared to 22.4 per cent of urban youth. Nationally, only 2.6 per cent of youth aged 20-24 years have a degree.[20] Thirteen per cent of students aged 10-19 reported having been raped the first time they had sexual intercourse.[21]

13. National HIV prevalence (2013) among adolescents and youth is the second-highest globally, at 18.5 per cent and 7.9 per cent, respectively. Evidence points clearly to adolescents and youth as the optimum entry point for systematic efforts to end HIV and AIDS. Successive surveys completed between 2004 and 2013[22] show a reduction in prevalence among adolescent and youth age cohorts, suggesting that prevention programmes are working and that stronger treatment and prevention programmes will deliver improved results.

14. Progress in reducing new HIV infections among adolescents and youth is constrained by intergenerational and transactional sex, peer pressure, stigma and discrimination. Barriers include entrenched harmful gender norms, gaps between policies and their implementation and inadequate resource allocation for prevention programmes. There are quality gaps on the supply side, including in youth-friendly services and a lack of data disaggregated by sex, age and location. Demand-side barriers include low rates of male partner testing, low levels of comprehensive knowledge of HIV, and gender norms and unbalanced power dynamics between boys and girls and women and men.

15. Land degradation, pollution and climate change pose threats to the resilience of the country's ecosystems. With rainfall highly variable across seasons and years, Botswana is vulnerable to floods and recurring drought, particularly in its western and southern regions. Over the past 25 years, the country has been affected by at least five major droughts.[23] The harsh physical environment adds to the risk and

[18] World Economic Forum, *The Global Gender Gap Report 2015*, Geneva, 2015, Country Profile — Botswana.

[19] Machisa M. and R. van Dorp, *The Gender Based Violence Indicators Survey*, Gender Links Botswana and Ministry of Labour and Home Affairs, Women's Affairs Department, Gaborone, 2012, <www.bw.undp.org/content/botswana/en/home/library/democratic_governance/gender-based-violence-indicators-study-botswana.html>.

[20] Statistics Botswana, Botswana Population and Housing Census 2011, Gaborone, 2011.

[21] Botswana Ministry of Education and Skills Development, Botswana Youth Risk Behavioural Surveillance Survey, Gaborone, 2012.

[22] Statistics Botswana, Botswana AIDS Indicator Survey 2013, Gaborone 2013.

[23] World Bank, *Botswana: Systematic country diagnostic*, Washington, D.C., March 2015, p. 62.

vulnerability of children living in the most deprived and poorest parts of the country.[24]

16. A number of important lessons were learned in the previous country programme. Upstream policy work cannot drive change by itself. Policies must be inclusive and locally informed. There has been insufficient support to strengthening the role of mothers and female caregivers, families and communities to create a safe and supportive environment for child development. Reliable evidence is vital for effective advocacy, leveraging resources and identifying solutions to policy and programme implementation bottlenecks. Additionally, public advocacy, community engagement and strong partnerships are needed to provide age-appropriate and quality services. Behaviour and social change communication and child and adolescent participation must be improved.

17. Based on the evidence, the key priorities of the country programme 2017-2021 are addressing child poverty, with a clear gender equality and equity approach, and adolescents and HIV. These two priorities correspond to the UNICEF comparative advantage in Botswana. The organization's experience in this country suggests that support for tangible, catalytic and sustainable change for children in these two areas will deliver the most effective and sustainable results.

Programme priorities and partnerships

18. The proposed UNICEF country programme 2017-2021 was developed concurrently with the Government of Botswana/United Nations Botswana Partnership Framework (UNBPF), under the United Nations "Delivering as one" approach. The framework is aligned with the government's Vision 2036, which forms the basis of the 11th National Development Plan 2017-2023 (NDP11). The 2030 Agenda for Sustainable Development and its three dimensions — economic, social and environmental — are integrated into the framework, vision, and plan, and in their results frameworks and monitoring and evaluation (M&E) plans.

19. UNICEF, the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA) have strategically aligned their country programmes by harmonizing the outcomes of their respective CPDs with the three UNBPF outcomes: (a) support for the development of inclusive policies and programmes; (b) support for overcoming bottlenecks that impede policy implementation; and (c) support for enhancing the collection, analysis and utilization of data and strategic information. These outcomes reflect the comparative advantage of the United Nations in Botswana.

20. The three programme components of the 2017-2021 country programme will be: (a) child poverty; (b) adolescents and HIV; and (c) programme effectiveness. These components will complement each other through a combination of strategies.

21. Strategies for achieving country programme results will include: capacity-building, with a greater focus at the local level and across sectors; development of multisectoral partnerships; evidence generation; policy dialogue and advocacy; promotion of innovation, learning and local solutions; and support to integration and

[24] Ibid, pp. 12, 44.

strengthening cross-sectional linkages. Child rights, gender equality, community engagement and equity will underpin all aspects of the country programme. To address the continued impact of climate change on children, resilience programming will be integrated into each programme component.

Programme component: Child poverty

22. The child poverty programme component will contribute to the reduction of monetary and non-monetary poverty, including a reduction in stunting rates, improved access to quality early childhood education and basic education, with special attention given to out-of-school children; improved basic educational outcomes; reduction in sexual violence; creating a safe and supportive environment; and more effective and efficient social protection programmes.

23. The Government already makes substantial investments in poverty reduction; therefore, UNICEF will aim to improve the return on these investments in terms of effectiveness, efficiency and equity. UNICEF will generate and analyse local and global evidence, advocate for positive change and create partnerships that leverage resources and collective action for children, especially those living in the most deprived areas.

24. Within child poverty, UNICEF will focus on nutrition, education, social inclusion and child protection, and will address diverse challenges, from birth through adolescence. UNICEF efforts will complement those of the Government, with assistance maintained in critical areas such as vaccine procurement. Gender analysis in each sector will ensure that gender-equitable programing is core to the UNICEF response to child poverty.

25. Given the high levels of stunting, especially in the most deprived areas, UNICEF will support demand creation for improved nutritional practices and consistent care-seeking behaviour at the household level, utilizing existing structures for communication for development (C4D) and public advocacy. Using evidence, policy dialogue and advocacy, UNICEF will aim to leverage resources for proven interventions. Key partners will include the ministries of Health and Wellness, Agriculture, and Local Government and Rural Development, as well as research institutions.

26. Nutritional support will focus on the subnational level, with UNICEF working in partnership with district health management teams in select deprived districts, and using this experience to inform national policy dialogue and programming at scale. UNICEF will convene multisectoral partnerships to improve nutrition outcomes; incorporate critical issues around health, water, sanitation and hygiene, and food security; harness innovation and technology for improved evidence generation; and strengthen integration and service quality through cross-sectoral linkages.

27. Within education, access to quality early childhood development, primary and secondary education and services for out-of-school children are key contributors to reducing multidimensional child poverty. UNICEF will support coordinated interventions across the ministries of Education, Health and Wellness, and Local Government and Rural Development, alongside other stakeholders and service providers. The organization will advocate for investments in innovative strategies

and models for improving education access and quality, with a focus on the most-deprived populations.

28. UNICEF will support the development and implementation of policies on early childhood and education for out-of-school children, and will link the evidence generated at the local level to upstream policy dialogue to address supply, demand and quality bottlenecks. Support will be provided to the Ministry of Basic Education and related parastatal organizations to develop appropriate assessment structures and systems for school readiness; teacher training on modern pedagogical methods, out-of-school education and monitoring in-class learning; and remedial support and special services for children to ensure quality learning and retention.

29. Social inclusion strategies will seek to break the intergenerational transmission of poverty. Given the high proportion of female-headed households, particular attention will be given to women's empowerment. UNICEF will support the Government to focus more effectively on the most vulnerable populations and to strengthen results within existing social protection programmes. The objective will be to consolidate fragmented programmes and to develop a guaranteed minimum income grant and child support grant, where applicable. Partnerships with the World Bank and United Nations agencies will allow UNICEF to offer high-level advice and assistance to the Government and to leverage resources to achieve an efficient, effective and equitable social protection system.

30. UNICEF support will also cover fiscal space and budgeting for social services, with a focus on assisting the Government to maximize the return on current investments and to ensure that programmes reach the most vulnerable. Key strategies will include analyses of sectoral budgets and expenditure, a cost-benefit analysis of social support programmes and an analysis of fiscal space to focus resources on high-impact interventions.

31. Child protection, especially birth registration and the prevention of sexual exploitation and abuse, are key issues. UNICEF advocacy will engage communities and traditional leaders, including women, to curtail negative stereotypes, harmful practices and traditions that perpetuate sexual exploitation — promoting a solid continuum of prevention, early intervention and response through structures such as the Children's Consultative Forum; village and district child protection committees; National Children's Council; Ntlo ya Dikgosi (House of Chiefs); Department of Social and Community Development; Botswana Association of Local Authorities, as well as civil society organizations. Universal birth registration will be supported through collaboration with the Ministry of Nationality, Immigration and Gender Affairs and other ministries, as well as through key service providers at the subnational and community levels.

32. UNICEF will support evidence generation and analysis through qualitative and quantitative research and will assist the Government to develop a system for collecting sex- and age-disaggregated data needed to assess progress towards the realization of children's rights. Evidence will be used to advocate for policy improvement, scale-up programmes and assist reporting on international legislation and human rights instruments, including the Convention on the Rights of the Child.

Programme component: Adolescents and HIV

33. The adolescents and HIV programme component will contribute to efforts to eliminate mother-to-child transmission of HIV, and to improve the prevention of HIV infection and the treatment and care of HIV-infected adolescents.

34. UNICEF will build capacity in relevant institutions, by generating and/or analysing local and global evidence, through advocacy for positive change and by engaging with all actors to convert evidence into concrete action for adolescents. Innovative strategies and technologies will be used to gather and share adolescent-relevant information on sexual violence and HIV. UNICEF will work with the Government to eliminate mother-to-child transmission of HIV.

35. UNICEF will address demand-side bottlenecks by working closely with adolescents, as well as through key influencers, to promote positive behaviour around HIV and AIDS. Adolescent and youth engagement and participation will be increased in traditional community structures and consultation processes, partnering with civil society organization partners to strengthen C4D for behaviour and social change communication. Protection issues, specifically sexual and gender-based violence, will be essential elements of prevention strategies and interventions. Partners will include the Ministry of Health and Wellness, United Nations agencies, the United States President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and civil society organizations, faith-based institutions and traditional community structures.

36. UNICEF will promote access to global knowledge and evidence, and provide technical assistance to strengthen the policy framework for HIV prevention and support effective implementation. UNICEF will assist the Government to strengthen the availability and quality of services for adolescents and youth, with a specific focus on those who are most at risk. Policy dialogue and advocacy will use evidence to sharpen the focus on issues around adolescents, sexual violence and HIV, in order to provide guidance on the effective delivery of comprehensive and complementary support services for HIV-infected adolescents.

Programme component: Programme effectiveness

37. The programme effectiveness component is comprised of three areas: programme performance monitoring and management; strategic communications and advocacy; and cross-sectoral programme support. Programme effectiveness will support efficient and effective execution, risk management and quality assurance of UNICEF programmes, and will ensure close linkages and coordination between UNICEF programming and the implementation of the UNBPF, NDP11, Vision 2036 and the Sustainable Development Goals.

38. Programme performance monitoring and management will ensure application of results-based management across programmes, with annual and mid-year reviews providing opportunities for programme adjustments and/or enhancements. Strategic communications and advocacy will link evidence from programme activities to external advocacy and messaging, utilizing social media and traditional media to increase public awareness and engagement in child rights and programming. Efforts will focus on increased engagement and participation of children and adolescents across programmes and communication platforms. Cross-sectoral programme

support will focus on C4D, coordination with the United Nations and key stakeholders, and ensuring that gender cuts across, and is well integrated into, UNICEF programming and support.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Child poverty	2 699	2 838	5 537
Adolescents and HIV	1 215	525	1 740
Programme effectiveness	596	637	1 233
Total	**4 510**	**4 000**	**8 510**

Programme and risk management

39. This country programme outlines the contribution of UNICEF to national results and serves as the primary unit of accountability to the Executive Board for results and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

40. UNICEF manages programme implementation under the "Delivering as one" approach and through its internal implementation and monitoring and evaluation processes, which are closely tied to government planning processes and programming priorities. This ensures that UNICEF support is focused on government priorities and that its work strategically contributes to the achievement of national development goals and targets. Cooperation with other United Nations agencies will be critical in joint programming efforts around poverty reduction and HIV and AIDS.

41. The key risk internal to UNICEF lies in resource availability and consequent constraints on the availability of required expertise and skills. With a programme that relies heavily on evidence and advocacy, the country office needs staff and advisers who can support evidence generation and analysis, develop substantive, contextually appropriate solutions and provide solid arguments for social investment.

42. Internal risks are mitigated by clear prioritization and alignment with government priorities and the UNBPF. This ensures that support to evidence generation and advocacy focuses on areas with substantial opportunities for partnerships and leveraging of resources. UNICEF will align the technical expertise it offers to the Government with the programmatic focus areas in the country programme.

43. A key external risk is the heavy reliance of the country programme on the government's continued financial investments and delivery of services for child development. If the government's current income base is weakened, the key

assumption of continued government funding and delivery for the social sectors may no longer hold. Appropriate mitigation measures will focus on advocacy for continued investment in the social sectors and support to increase the efficiency and effectiveness of government investments and programmes.

44. Botswana is increasingly affected by climate change. For a country that has limited agricultural capacities and is highly dependent on imported food, irregular weather patterns are a significant risk. In its programming, UNICEF will promote disaster risk reduction and resilience practices within local services, communities and families, especially in the most deprived areas.

Monitoring and evaluation

45. With the country programme built around evidence and advocacy, and integrally linked with the outcomes of the UNBPF, the country programme will rely on a combination of monitoring and evaluation strategies to measure progress made at the output and outcome level.

46. UNICEF will work closely within United Nations structures to support improved national capacity for policy and programme monitoring and evaluations. Monitoring will focus on better understanding the impact of policies and programmes on beneficiaries and identifying and overcoming implementation bottlenecks. Evaluations will focus on national policies and programmes and their implementation, as outlined in the national evaluation plan.

47. UNICEF will work closely with Statistics Botswana and other partners to build capacity to gather data on the situation of children, and to provide technical support for relevant national surveys that incorporate age- and sex-disaggregated data. Support will focus on creating the evidence required to measure the impact of government policies and programmes for children and to track implementation of the Sustainable Development Goals.

48. UNICEF will develop capacities to gather information and create feedback loops between service providers and beneficiaries. Utilizing technology and partnerships, this information will augment data from surveys, information management systems, and evaluations. This combination of evidence and experience will assist in the identification of barriers and bottlenecks and the development of user-centred solutions.

49. The Integrated Monitoring and Evaluation Plan will be the basic compact between UNICEF and the Government of Botswana on M&E strengthening. UNICEF mid-year and annual reviews and annual reviews of the UNBPF will provide opportunities to adjust programmes, to improve their efficiency and impact.

Annex

Results and resources framework

Botswana-UNICEF country programme of cooperation, 2017-2021

Convention on the Rights of the Child: Articles 3; 7; 19; 24; 26; 27; 28–29; 34; and 40.

National priorities: Sustainable Development Goals: 1, 2 ,3, 4, 5, 10 and 16

National priorities: The national priorities as expressed in Vision 2036 include:

(a) Sustainable economic development: By 2036, Botswana will be a high-income country, with an export-led economy underpinned by diversified, inclusive and sustainable growth driven by high levels of productivity.
(b) Human and social development: By 2036, Botswana will be a moral, tolerant and inclusive society that provides opportunities for all.
(c) Sustainable environment: By 2036, sustainable and optimal use of our natural resources will have transformed our economy and uplifted our people's livelihoods.
(d) Governance, peace and security: By 2036, Botswana will be a land of peace, freedom and progressive governance.

United Nations Development Assistance Framework outcomes involving UNICEF:
Outcome indicators measuring change that includes UNICEF contribution

(a) Outcome 1: By 2021, Botswana has quality policies and programmes towards the achievement of the Sustainable Development Goals and targets and national aspirations. Outcome indicators:

  (i) Multidimensional poverty rates, by sex, location [urban or rural], age [numerical] and by income, age [adult, or child under 18], race, ethnicity, migratory status, geographic location [district] and other relevant characteristics
  (ii) Number of districts achieving 90-90-90 HIV targets
  (iii) Percentage change in the human development index (HDI) score
  (iv) Global Gender Gap Index
  (v) Under-five mortality rate

(b) Outcome 2: By 2021, Botswana fully implements policies and programmes towards the achievement of the Sustainable Development Goals targets and national aspirations. Outcome indicators:

  (i) Multidimensional poverty rates, by sex, location [urban or rural], age [numerical] and by income, age [adult, or child under 18], race, ethnicity, migratory status and geographic location [district] and other relevant characteristics
  (ii) Number of districts achieving 90-90-90 HIV target;
  (iii) Percentage change in HDI score
  (iv) Global Gender Gap Index
  (v) Under-five mortality rate

(c) Outcome 3: By 2021, state and non-state actors at different levels use quality and timely data to inform planning, monitoring, evaluation,

decision-making and participatory accountability processes. Outcome indicators:

(i) High quality, timely and reliable sectoral data, disaggregated by income, sex, age, race, ethnicity, migratory status and geographic location and other relevant characteristics available to decision-makers and citizens
(ii) Data and M&E policy and institutional framework developed
(iii) Percentage of Sustainable Development Goal indicators incorporated in national statistics

Related UNICEF Strategic Plan outcome(s):

(a) Outcome 2. HIV and AIDS: Improved and equitable use of proven HIV prevention and treatment interventions by children, pregnant women, and adolescents
(b) Outcome 4. Nutrition: Improved and equitable use of nutritional support and improved nutrition and care practices
(c) Outcome 5. Education: Improved learning outcomes and equitable and inclusive education
(d) Outcome 6. Child protection: Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children
(e) Outcome 7. Social inclusion: Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Programme component: Child poverty							
Outcome 1: By 2021, Botswana has quality policies and programmes towards the achievement of the Sustainable Development Goals and targets and national aspirations	Percentage of children aged 36-59 months attending early childhood education (attendance rate) (B: 17.3%, 2013; T: 75%, 2021)	Education Management Information System (EMIS)	1.1. National policies and programmes on early childhood and education positively address equity and quality in access 1.2. National social protection system effectively targets the most vulnerable and excluded children	**Government** Ministry of Basic Education Botswana Examinations Council (BEC) Ministry of Local Government and Rural Development, Statistics Botswana **United Nations** UNAIDS UNDP UNFPA WHO **Other** European Union World Bank Community-based	1 154	625	1 779
	Number of children covered by social protection systems (B: 157,450, 2015; T: 225,500, 2021)	Multi-topic indicator survey					
	Percentage of children living in monetary and non-monetary poverty (B: monetary 26% non-monetary 63%, 2009-10; T: monetary 5% non-monetary 25%, 2021)	Multi-topic indicator survey, Multiple Overlapping Deprivation Analysis					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR); other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
				organizations (CBOs) Civil society organizations Community leaders Academia Media Professional associations			
Outcome 2. By 2021, Botswana fully implements policies and programmes towards the achievement of the Sustainable Development Goals and targets and national aspirations	Percentage of children aged 6–59 months stunted (B: 31%, 2007; T: 23.4%, 2021)	Nutrition Information System (NIS)	2.1. Improved nutritional practices and care-seeking behaviour among caretakers, especially in the most deprived areas 2.2. Improved capacity of schools, particularly in the most deprived areas, to provide good quality education and integrate more out-of-school children	**Government** Ministry of Basic Education BEC Botswana Qualifications Authority (BQA) Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ) Ministry of Nationality, Immigration and Gender Affairs Ministry of Local Government and Rural Development Ntlo ya Dikgosi Botswana Police Service Legal Aid Botswana Directorate of Public Prosecutions **United Nations** UNAIDS UNDP UNFPA UNHCR UN-Women	1 125	1 513	2 638
	Percentage of children under 5 whose birth is registered by sex (B: Male 71.8% Female 72.7%, 2007; T: Male 95% Female 95%, 2021)	Botswana Family Welfare Survey					
	National examination pass rates at the end of primary education (B: 69.1%, 2014; T: 75%, 2021)	EMIS Botswana family health survey/vital statistic reports					
	National examination pass rates at the end of lower secondary education (B: 41%, 2012 T: 60%, 2021)						
	Lower secondary education net enrolment rate (B: 53.1%, 2012, 2015; T: 60%, 2021)						
	Percentage of sexually experienced students aged 10-19 forced to have sexual intercourse during the previous 12 months (B: Male 10.8% Female 15.6%, 2012, T: Male 8%, Female 10%, 2021)	Botswana Youth Risk Behavioural Surveillance Survey					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
				WHO **Other** European Union CBOs Community leadership structures Academia Media Professional associations			
Outcome 3: By 2021, state and non-state actors at different levels use quality and timely data to inform planning, monitoring, evaluation, decision-making and participatory accountability processes	Government agencies supporting nutrition routinely collect, analyse and report complete nutrition data. (B: No, 2016; T: Yes, 2021)	NIS	3.1. Increased evidence-generation and data gathering and analysis informs nutrition programming 3.2. Increased evidence-generation and data gathering and analysis informs education programming 3.3. National/subnational planning, budgeting and programming is based on better and more current evidence and analysis on the most deprived children	**Government** Ministry of Basic Education BEC BQA SACMEQ Ministry of Local Government and Rural Development Statistics Botswana Ministry of Health and Wellness District health management teams in UNICEF-targeted districts **United Nations** UNDP UNFPA WHO UNAIDS UN-Women **Other** European Union CBOs Community leadership structures	420	700	1 120
	Ministry of Basic Education utilizes programme performance data and evidence in decision-making in UNICEF supported programmes. (B: No, 2016; T: Yes – with evidence, 2021)	EMIS					
	Public social protection expenditure (per cent of GDP) (B: 4.4%, 2013; T: 4.4%, 2021	Multi-topic indicator survey and sector reviews					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
				Academia Media Professional associations			
Programme component 2: Adolescent and HIV/AIDS							
Outcome 1: By 2021, Botswana has quality policies and programmes towards the achievement of the Sustainable Development Goals	Overall HIV and AIDS budget that is funded through domestic resources (B: 64%, 2015; T: 70%, 2021)	Botswana AIDS Impact Survey (BAIS)	1.1. National policy supports a balanced approach of prevention, treatment and care for adolescents and young adults	**Government** Ministry of Basic Education; Ministry of Health and Wellness; Ministry of Youth Empowerment, Sport and Cultural Development **United Nations** UNAIDS UNDP UNFPA UN-Women WHO **Other** PEPFAR Global Fund CBOs Community leadership structures Academia Media Professional associations	55	200	255
	Adolescents aged 15–24 years having comprehensive knowledge about HIV and AIDS (disaggregated by sex) (B: 47.9%, 2013; T: 65%, 2021)						
Outcome 2: By 2021, Botswana fully implements policies and programmes towards the achievement of the Sustainable Development Goals	Percentage of eligible adolescents aged 15–19 years receiving voluntary male medical circumcision (B: 23%, 2013; T: 65%, 2021)	BAIS	2.1. Adolescents and young adults are engaged in positive behaviour around HIV/AIDS 2.2. Health system capacities enhanced for achieving the elimination of mother to child transmission, and its validation	**Government** Ministry of Basic Education Ministry of Health and Wellness Ministry of Youth Empowerment, Sport and Cultural	1 160	325	1 485
	Percentage of pregnant						

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome, regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
and targets and national aspirations.	women living with HIV with lifelong access to antiretroviral therapy (B: 93.5%, 2013; T: 98%, 2021)			Development **United Nations** UNAIDS UNDP UNFPA UN-Women WHO **Other** PEPFAR Global Fund CBOs Community leadership structures Academia Media Professional associations			
Programme component 3: Programme effectiveness							
Outcome 1: The country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.	Percentage of management and programme indicators on track	Programme monitoring – insight	1.1. UNICEF staff and partners are provided tools, guidance and resources for effective communication on child rights issues with stakeholders. 1.2. UNICEF staff and partners are provided guidance, tools and resources to effectively design and manage programmes. 1.3. Strategies to address cross-cutting issues related to child rights are developed and applied.	**United Nations** UNDP UNFPA	596	637	1 233
Total resources					**4 510**	**4 000**	**8 510**

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United Nations Children's Fund
Executive Board
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Item 8 of the provisional agenda*

Country programme document

Haiti

Summary

The country programme document (CPD) for Haiti is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $23,625,000 from regular resources, subject to the availability of funds, and $125,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2017 to 2021.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the first regular session of 2017.

* E/ICEF/2017/1.

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Programme rationale[1]

1. Haiti has an estimated population of 10.9 million, of which 42 per cent are under 18 and around half live in urban areas. It is a low-income country, with a gross domestic product per capita of $1,669, and it ranked 163 out of 188 countries in the 2015 Human Development Index. Six out of 10 Haitians live in monetary poverty (58.5 per cent) and 23.8 per cent are extremely poor (living on less than $1.23 a day). Nearly 70 per cent of all children under 5 years of age live in poor households.

2. Children are also severely affected by multidimensional poverty. In urban areas, 82 per cent of children experience at least one deprivation of their basic needs, while in rural areas, the rate reaches 97 per cent. The main causes for the lack of access to basic services are financial constraints within families, social inequality, the limited capacity of public institutions and insufficient social expenditure.

3. The geographic location of Haiti makes it vulnerable to natural disasters and the negative impacts of climate change. The country is exposed to multiple hazards, including earthquakes, hurricanes, floods and droughts. The recent impact of Hurricane Matthew, the cholera outbreak and the earthquake of 2010, which all required substantive national and international response, demonstrated the need to strengthen disaster risk management mechanisms, both nationally and locally.

4. Haiti has articulated its long-term vision in the Strategic Plan for the Development of Haiti to turn Haiti into an emerging country by 2030, with an emphasis on improved access to health and education.

5. Haiti has made progress towards fulfilling its international obligations concerning children and women's rights. The country submitted its periodic monitoring reports to the Committee on the Rights of the Child in 2013 and the Committee on the Elimination of Discrimination against Women in 2014. In 2014, the country also ratified the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography.

6. However, the Committee on the Rights of the Child noted that the inter-ministerial commission relating to the implementation of the Convention was not yet operational. Furthermore, Haiti has not ratified two additional protocols: on the involvement of children in armed conflict and on a communications procedure. The Committee on the Elimination of Discrimination against Women recognized government efforts to establish an inter-ministerial coordination mechanism, but noted that the national gender equality policy and related action plan were not adequately funded.

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[1] Sources for data in this section: Insitut Haïtien de Statistique et d'Informatique, Enquête sur les Conditions de Vie des Ménages Après Séisme (2012); United Nations Children's Fund, *The State of the World's Children 2016*; United Nations Inter-agency Group for Child Mortality Estimation, "Levels and trends in child mortality report 2015"; Ministère de la Santé Publique et de la Population, Enquête sur la Mortalité, la Morbidité et l'Utilisation des Services V (2012); Centers for Disease Control and Prevention, Violence Against Children Survey 2012; Pan American Health Organization/World Health Organization, Interactive atlas of cholera outbreak in Hispaniola, 2010-2016.

7. Despite overall improvements in the situation of children over the past few years, progress has been slow and distributed unequally. Deep inequalities and exclusion, due to where children live, their sex or their socioeconomic status, are still preventing many children from getting a fair start in life.

8. Infant and under-five mortality rates have decreased since 1990 by 49 and 52 per cent, respectively. However, Haiti continues to have the highest infant mortality rate (52 deaths per 1,000 live births) of all the countries in Latin America and the Caribbean. Around half of all infant deaths occur in the first 28 days of life, most from preventable causes, including obstetric and neonatal complications, such as sepsis, asphyxia or preterm birth complications. Key bottlenecks contributing to such early deaths include the lack of qualified staff and insufficient emergency supplies for newborns.

9. Maternal mortality was reduced by 43 per cent between 1990 and 2015, from 630 to 359 deaths per 100,000 live births. Still, 63 per cent of births in Haiti are not assisted by a skilled attendant and only 36 per cent take place in a health facility.

10. The nutritional status of children under 5 year of age remains critical, especially after several natural disasters. Chronic malnutrition affects 22 per cent of children, and 11 per cent are considered underweight. Infant and young child feeding practices are poor, with 40 per cent of children up to the age of 6 months receiving exclusive breastfeeding and only 14 per cent of children 6 to 23 months receiving the minimum acceptable diet for their age. Anaemia affects 65 per cent of children under 5 years of age and 49 per cent of women of reproductive age.

11. The prevalence of HIV/AIDS among the population has remained stable at 2.2 per cent since 2006. However, AIDS is the main cause of adolescent deaths in Haiti. Girls and young women are the most affected, with a rate of 2.7 per cent against 1.7 per cent for boys and young men. Although almost all adolescents have heard of HIV/AIDS, only around one third have comprehensive knowledge of how to protect themselves.

12. Forty-two per cent of Haitians do not have access to improved water sources, with 52 per cent in rural areas and 35 per cent in urban areas lacking access. In urban areas, 72 per cent do not use improved sanitation facilities; in rural areas, the rate is 81 per cent. Open defecation is still practised by 19 per cent of the population and only 35 per cent of households have access to a functional handwashing point with water and soap.

13. Low levels of access to safe water and sanitation increase the risk of waterborne diseases, particularly cholera. Since 2010, more than 750,000 people have been infected with cholera in Haiti, and the disease has caused more than 9,000 deaths. The impact of Hurricane Mathew highlights the continued risk of cholera infection in the country.

14. Promising progress has been made in primary school attendance and gender parity. However, profound inequities still exist in spite of government efforts to ensure universal primary education. Primary net attendance is lower in rural areas (73 per cent) than in urban areas (86 per cent) and significantly lower in some departments, including Artibonite (70 per cent). Only 66 per cent of children from the poorest households attend primary school against 92 per cent from the richest.

These disparities can be explained by the fact that schools are largely privately run on a fee-based system (80 per cent).

15. Participation in preschool increases the chances that children will complete basic education. One in five children of preschool age does not attend school and 18 per cent of children 6 to 11 years of age do not attend primary school. Of children who drop out of primary school, 8 out of 10 were overage because they entered school late or had to repeat several grades.

16. The Haitian education system faces challenges in terms of quality, a problem that affects the poorest communities the most. Many teachers lack qualifications and basic competencies. The most qualified teachers are usually placed in urban areas rather than in rural settings, as no incentives are provided for teachers to serve in remote areas.

17. Haiti is still tackling the need to restore and strengthen its systems for ensuring and enabling a protective environment for children, with one in four children living separately from their parents. Over 700 unregulated residential care facilities operate in the country, hosting an estimated 30,000 children, 80 per cent of whom are not orphans. With the births of 2 out of 10 children unregistered, many children are at risk of being denied access to basic social services and protection.

18. The exposure of children to violence and abuse, including corporal punishment and gender-based violence, is a substantial problem. One in four women and one in five men are victims of sexual abuse before 18 years of age. Eighty-five per cent of children 2 to 14 years of age are victims of violent discipline at home, 79 per cent are victims of corporal punishment and 16 per cent suffer from extreme corporal punishment.

19. Key lessons from the 2012-2016 country programme include the need to enhance coordination between national- and subnational-level work to ensure that results obtained at the local level are financially and institutionally sustainable. In the case of emergencies, UNICEF has been instrumental in targeting the needs of the most vulnerable populations and aligning its initiatives to national priorities. However, a disconnect between national and subnational bodies, on the one hand, and local structures, on the other, jeopardizes the sustainability of results in the long run. The strengthening of national and subnational institutional capacity, along with the implementation of local-level strategies, may put the programme in a better position to ensure continuous and sustainable results.

Programme priorities and partnerships

20. The 2017-2021 country programme for Haiti will target the most excluded and disadvantaged children to ensure their survival, development, participation and protection. To this end, UNICEF will focus on programmatic and geographic areas of convergence between the needs of the most deprived children and several sectoral programme components.

21. In support of the Strategic Plan for the Development of Haiti, the country programme will help the Government to address key bottlenecks that impede the realization of children's rights. It will directly contribute to outcomes in the 2017-

2021 United Nations Sustainable Development Framework (UNSDF) and the 2030 Agenda for Sustainable Development.

22. A gender-focused review of the previous country programme identified priorities and strategies for achieving gender equality and women's empowerment in the period 2017-2021. While gender will be mainstreamed in the country programme, targeted gender priorities include gender-based violence in families and communities, HIV prevention and adolescent empowerment.

23. UNICEF will continue its efforts to coordinate with national stakeholders to ensure that government programmes and activities are focused on gender and equity. Since the multiple deprivations affecting the most excluded children tend to have common barriers and bottlenecks, the programme will have a multisectoral approach.

24. The programme will build on six mutually reinforcing approaches: (a) a greater emphasis on multisectoral convergence in priority departments, including several affected by natural disasters and cholera, in particular frontier communities; (b) an integrated, environmentally friendly approach, such as the combination of water, sanitation and hygiene (WASH) interventions and efforts in cholera elimination to enhance the continuum between humanitarian and development activities; (c) the integration of HIV/AIDS interventions across the programme; (d) the mainstreaming of gender and adolescent programming, with a particular emphasis on addressing violence against women and children as well as HIV prevention; (e) the inclusion of risk mitigation, emergency preparedness and response in each country programme component; and (f) an integrated approach for social and child protection in order to reach the most excluded children.

25. South-South and horizontal cooperation with countries in Latin America and the Caribbean and other regions will be promoted, especially with regard to juvenile justice, violence prevention, the deinstitutionalization of children and birth registration.

Health

26. The programme will focus on health system strengthening by supporting the development of policy documents, standards, strategies and action plans. Advocacy for the effective allocation of resources in the health sector will be based on data and evidence from surveys; improved routine administrative systems; and the analysis of regular bottlenecks and barriers. In close collaboration with the World Health Organization (WHO), UNICEF will ensure that children's health is reflected in the country's emergency preparedness and response plans. UNICEF will advocate for systematic birth registration at all health centres and for the adoption and promulgation of a law guaranteeing adolescents access to HIV prevention and reproductive health services.

27. UNICEF will support the provision of equitable immunization services through the Reach Every District approach in 70 communes with low coverage. In synergy with nutrition, WASH, education and child protection, support will be provided for the delivery of maternal, newborn and child healthcare (MNCH) and the prevention of mother-to-child transmission of HIV in the most disadvantaged areas. Care for children and adolescents affected by violence will be strengthened,

including by the registration of child abuse in health facilities, together with the provision of a comprehensive package of HIV services for adolescents, including those living with HIV.

28. The programme will support the strengthening of the capacity of health workers and department health authorities to provide integrated service delivery and supply chain management, including in emergencies. The programme is aimed at achieving a 100-per cent renewable-energy cold chain for the Expanded Programme on Immunization (EPI) by 2021.

29. Community mobilization, participation and engagement in the promotion of conducive social norms will be achieved through alliances with civil society organizations, media professionals and religious, traditional and other community leaders to promote MNCH, using innovative approaches for optimal information dissemination.

30. UNICEF will maintain its collaboration with WHO as the lead agency for the development of health policies, guidelines and tools as well as disease surveillance, with the United Nations Population Fund taking the lead in the strengthening of professional resources for adolescent and maternal health and the Joint United Nations Programme on HIV/AIDS spearheading the coordination of HIV programming.

Nutrition

31. Within the context of the Scaling Up Nutrition initiative, UNICEF will provide technical support to reinforce the leadership and coordination capacity of the Coordination Unit of the National Programme for Food and Nutrition in the multisectoral response to acute malnutrition, including the mobilization of national financial resources, the generation of evidence to inform nutrition programming and the mainstreaming of the nutrition information system, stakeholder mapping and surveys, namely, Standardized Monitoring and Assessment of Relief and Transitions (SMART) and knowledge, attitude and practices (KAP).

32. UNICEF will ensure that nutrition efforts prioritize the 1,000-day window of opportunity from conception to 2 years of age, with children during this period of their lives benefiting from nutrition-specific interventions to improve nutrition and development, including the prevention and control of micronutrient deficiencies and adequate infant and young child care and feeding practices. Other nutrition-sensitive multisectoral approaches will also be emphasized, including early child development; women's empowerment, schooling, health and family planning services; social safety nets; maternal mental health; child protection; and WASH.

33. UNICEF will ensure that health facilities and community stakeholders in communes most affected by malnutrition have the capacity to provide pregnant and lactating women and children under 5 years of age with a package of quality, cost-effective nutrition services. UNICEF will provide technical support for the use of the red card strategy developed by the Coordination Unit in communes most affected by malnutrition and will strengthen the supply chain management of essential nutrition supplies.

34. For the promotion of better feeding and care practices by caretakers and the improved uptake of preventive and curative nutrition services, UNICEF will focus

on behaviour change through community sensitization and caregiver counselling, including the promotion of optimal infant and young child feeding and other essential nutrition practices for children.

Water, sanitation and hygiene

35. UNICEF will ensure that the National Water and Sanitation Authority (Direction Nationale de l'Eau Potable et de l'Assainissement) and implementing partners develop child-sensitive WASH strategies, operational plans and monitoring tools. The programme will support capacity-building for the Government and various stakeholders. UNICEF will advocate for an increased budget allocation to the sector and the continuation of the reform process as well as the development of public-private partnerships.

36. UNICEF will assist in increasing WASH coverage and strengthening sustainable management systems in 15 cholera-persistent communes with low access to services, in synergy with the health, nutrition and education components. Lessons learned from ongoing programmes will serve to strengthen the links among national, regional, municipal and community systems and to develop models for scale-up.

37. To ensure that women, children and their families are aware of the importance of stopping open defecation and of critical moments for handwashing with soap, UNICEF, together with partners, will implement a comprehensive behavioural change strategy encompassing social mobilization and community participation and engagement, which will also contribute to the elimination of cholera. This initiative will be carried out in parallel with the development of water and sanitation infrastructure.

38. To ensure that the National Water and Sanitation Authority and its partners have the capacity to respond in a coordinated and effective manner to cholera and other emergencies, UNICEF will strengthen chlorination systems and water treatment facilities. These initiatives will enable UNICEF to respond quickly during crises as well as mitigate environmental damage and strengthen the resilience of communities. The response of UNICEF to emergency needs will be in line with the Core Commitments for Children in Humanitarian Action.

39. UNICEF will develop strategic partnerships through the Water and Sanitation for All partnership, including by providing support to a sector-wide approach to ensure harmonization and complementarity among key actors. Government coordination and information systems will be an integral component of effective sector management.

Basic education

40. UNICEF will support access to free education and quality learning at the right age for all children, regardless of their socioeconomic characteristics, with special attention to the most disadvantaged, i.e., those in rural areas, the disabled and children with learning difficulties. The programme will support the implementation of government policies so that children enter the system at the right age, stay in school, learn and finish the full six years of the basic education cycle.

41. The programme will prioritize school readiness, access and retention, with such initiatives as support to back-to-school campaigns with a door-to-door system to register out-of-school children, with special attention to cross-border issues. Parental education to promote community support to children's education will encourage timely school enrolment and help to stop the practice of corporal punishment. School materials will be provided to new entrants to reduce indirect family education expenses. The participatory management of schools in collaboration with local authorities will promote enrolment. Work with preschools will aim at ensuring the transition to primary grades at the right age.

42. In primary schools, UNICEF will promote a quality learning environment in the first three grades by strengthening reading, writing and mathematics practices, increasing the pedagogical skills of teachers and inspectors, supporting teacher certification, introducing an early-warning system for student absenteeism and supporting the creation of student clubs to stimulate good practices. To respond to the needs of overage children, the programme will contribute to the implementation of alternative learning modalities and adapted curricula for overaged adolescents and disabled children.

43. UNICEF will continue to generate evidence and analysis relating to out-of-school children and violence in schools to facilitate decision-making. It will support the development of new education plans and strengthen administrative data systems, analysis and planning at the departmental level. UNICEF will also engage in dialogue and advocacy for better coordination among different actors, including children.

Child protection

44. In order to reduce the incidence of violence against and the abuse, neglect and exploitation of children, UNICEF will continue to provide support to the decentralization of critical child protection services, including within the national agency mandated with child protection, the Institute for Social Welfare and Research (Institut du Bien-être Social et de Recherches). It will support capacity-building to support the agency in leading the development and implementation of intersectoral protocols for the reporting and management of child abuse, with specific attention to gender-based violence in childhood, at the national and departmental levels. The programme will contribute to the adoption of laws reforming the Institute and the child protection code and reinforce policy, regulatory and budgetary frameworks and sector coordination. In addition, national alternative care standards through family-based care will be promoted.

45. A convergent approach with other programme components will be implemented to reduce the incidence of certain forms of violence against children. Families and children most at risk will be identified through harmonized cross-sectoral vulnerability assessments. Social norms that perpetuate violence, including sexual and gender-based violence, will be addressed through social dialogue. Community and parental practices to protect and nurture children will be promoted. Social workers will be trained in initiatives aimed at increasing access to quality social services for vulnerable children and communities, with a focus on female-headed households and children most at risk.

46. UNICEF will support the governmental deinstitutionalization process in order to limit the number of children placed in institutions. The main strategies will be the prevention of family separation, support to families in their child-rearing responsibilities, the development of alternative care mechanisms and a transition from residential towards family-based care. Addressing child domestic work will also be a priority, both by preventing placement and by ensuring that services are available to withdraw children from situations of labour.

47. The focus on juvenile justice will be aimed at reducing the rate of prolonged pretrial detention of minors and enhancing social work for children in conflict with the law by supporting preventive intervention and the social reinsertion of children as well as by strengthening police- and justice-sector capacities, including through the creation of juvenile courts, legal assistance and the appointment of specialized judges.

48. UNICEF will strengthen community-based child protection dynamics and mechanisms in target areas. A national communications platform, designed in close collaboration with relevant ministries, will include parental education focused on increasing understanding of the protective role of duty bearers and the impact of violence as well as building protective child-rearing capacities among adults. Life skills among children and adolescents will be developed through peer education, male socialization models and social dialogue, including through such locally relevant approaches as theatre and the arts.

49. Supply-related bottlenecks for birth registration will be reduced through support to enhancing the institutional framework, the improvement of supply chains, community outreach and improved integration within the health system. The use of mobile technology for improved service delivery and the monitoring of birth registration will be tested.

50. Forming strategic alliances with social protection programmes or microfinance actors to ensure the inclusion of child protection targeting criteria in assessments will help to address challenging socioeconomic conditions, a major driver of family separation. Building upon donor support to the development of an integrated case management system, UNICEF will advocate and provide assistance for child protection data collection and management to be mainstreamed into relevant existing sectoral routine information systems.

Programme effectiveness

51. In support of the five programmatic components, this component will ensure efficient and effective programme management, including in emergency situations. It will also aim at ensuring effective coordination and convergence between the programme components; managing external relations and institutional communications; undertaking programme monitoring and evaluation; and promoting gender mainstreaming.

52. Support will be provided to programme components to strengthen statistical capacities and the regular production of evidence, including on child poverty. At the local level, particularly in priority departments, improved data will allow for the identification and follow-up of excluded children and their families. Moreover, the programme will support the monitoring of social expenditures for children, with a view to improving the effectiveness, efficiency, equity, transparency and sustainability of social expenditures.

53. In emergency situations, UNICEF will play a lead role in support to the Ministry of Health, the National Water and Sanitation Authority, the Institute for Social Welfare and Research and the Ministry of Education. It will support the case management of integrated acute malnutrition and foster convergence among nutrition, health, WASH and social protection components to ensure a timely response. Strategies will be based on the promotion of disaster risk reduction at the school level, including a focus on climate change issues and acute crisis response to avoid school interruptions.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Health	4 000	22 500	26 500
Nutrition	2 250	15 000	17 250
Water, sanitation and hygiene	1 750	50 000	51 750
Basic education	3 500	15 000	18 500
Child protection	1 750	10 000	11 750
Programme effectiveness	10 375	12 500	22 875
Total	**23 625**	**125 000**	**148 625**

Programme and risk management

54. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

55. The country programme, which will be coordinated by the Ministry of Planning and External Cooperation, is consistent with the Strategic Plan for the Development of Haiti, the UNSDF and the Sustainable Development Goals, promoting good governance and social cohesion and increased equity and access by the most vulnerable population to basic social services and social protection.

56. Three key programme risks are the continuing decline of aid resources as a result of evolving donor priorities; the limited capacity of partners for results-based management and reporting; and the disaster-prone nature of the country. These risks will be mitigated by the expansion of programme partnerships as well as the reinforcement of government capacities in the planning, monitoring and evaluation of social policies and programmes as well as in disaster risk reduction and emergency preparedness and response.

57. UNICEF will enhance the quality, efficiency and effectiveness of the programme by strengthening the emphasis on management for results and the monitoring of programmatic and operational indicators in work plans. These efforts

will be monitored frequently, enabling the early detection and mitigation of any potential delays in implementation. To manage financial and programme risks with implementing partners, UNICEF will maintain full compliance with the Harmonized Approach to Cash Transfer Framework with other United Nations agencies.

58. UNICEF will continue to operate with a country office in Port-au-Prince. Out-posted presence in selected parts of the country will enhance programmatic convergence and joint United Nations programming.

Monitoring and evaluation

59. Overall country programme results will be monitored on the basis of the results and resources framework and the costed evaluation plan. The means of verification will include household surveys, census results and administrative data as well as human rights monitoring reports (e.g., reports on the implementation of the observations of the Committee on the Rights of the Child and the Committee on the Elimination of All Forms of Discrimination against Women and on progress towards achieving the Sustainable Development Goals). Institutional capacities will be strengthened to progressively mainstream gender into key programme areas, as identified by the gender review.

60. To monitor the removal of prioritized bottlenecks that prevent children from accessing their rights, annual reviews will regularly track progress towards programme outputs, identify constraints and lessons learned and recommend necessary adjustments. Particular attention will be given to monitoring such mainstreamed areas as gender and adolescents.

61. Given its alignment with the UNSDF, the programme will rely on the monitoring and evaluation framework of the UNSDF and national monitoring and evaluation mechanisms, and will complement existing administrative data management systems at the national and local levels. In targeted convergent communes, a strengthened data management system will be supported to provide real-time monitoring of families' vulnerabilities as well as progress on removing bottlenecks and barriers.

62. UNICEF will work with the Haitian Institute of Statistics and Information Technology (Institut Haïtien de Statistique et d'Informatique) and other relevant institutions to strengthen the national capacity to monitor the situation of children and women and track inequities and vulnerabilities. A national demographic and health survey on mortality, morbidity and the use of services (Enquête sur la Mortalité, la Morbidité et l'Utilisation des Services VI), will provide the baseline data for the country programme and for reporting on progress towards the Sustainable Development Goals.

63. Innovative initiatives will be applied to enhance the monitoring of the situation of children, which will be thoroughly documented to effectively guide the continued improvement of strategies and approaches.

Annex

Results and resources framework

Haiti-UNICEF country programme of cooperation, 2017-2021

Convention on the Rights of the Child: Articles 3, 6-13, 15, 18-26, 28-29, 31-32, 34, 36-37 and 39-40.

National priorities: Strategic Plan for the Development of Haiti: 1. Territory rebuilding: 1.8 Increase safe water and sanitation facilities; 3. Social rebuilding: 3.2 Increase access to preschool, primary and secondary education, 3.3 Increase access to health services, 3.9 Ensure gender equality; 4. Institutional rebuilding: 4.1 Revise legal framework, 4.5 Decentralize, 4.6 Reinforce civil society, 4.7 Reinforce justice and security administration.

Sustainable Development Goals: 1-6, 8, 10 and 16-17

United Nations Sustainable Development Framework (UNSDF) outcomes involving UNICEF: Outcome 2: The population, particularly vulnerable groups, have better and more equitable access to and use of quality social services, including education and health for all. Outcome 3: Public institutions adopt and implement equity policies and preventive, recovery and protection measures against violence and discrimination based on human rights, for the benefit of vulnerable groups.

Related UNICEF Strategic Plan outcome(s): Health; HIV/AIDS; water, sanitation and hygiene (WASH); Nutrition; Education; Child protection; Social inclusion

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. By the end of 2021, pregnant women, newborns, children and adolescents utilize health services aimed at high-impact interventions and quality care that promote healthy behaviours	Percentage of live births attended by skilled health personnel (doctor, nurse, midwife or auxiliary midwife) B: 36% T: 50%	Survey on mortality, morbidity and the use of services (Enquête sur la Mortalité, la Morbidité et l'Utilisation des Services (EMMUS) VI), National Health Information System (Système d'Information Sanitaire National Unique (SISNU)	The Ministry of Health and its decentralized entities have tools for evidence-based maternal, neonatal and child health care and for the facilitation of access to adolescent services, including in emergency situations. An integrated package of quality health services is available for newborns, children and women, especially the most disadvantaged, in targeted communes.	Ministry of Public Health and Population Ministry of Youth and Sports Central and local government and administrative authorities United Nations agencies	4 000	22 500	26 500

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Percentage of children < 1 year receiving measles-containing vaccine at the national level B: 38% (2012) T: TBD in 2017	EMMUS-VI, SISNU, Expanded Programme on Immunization reports	Caregivers of children in targeted communes are aware of key practices in health care and available services	Non-governmental organizations (NGOs) Civil society and communities			
	Percentage of young women and men (15-24 years) having comprehensive knowledge about HIV and AIDS B: Women: 35% (2012) Men: 28% (2012) T: Women: 50% Men: 50%	EMMUS-VI					
2. By the end of 2021, children, women and their families in rural and urban environments use equitable and sustainable improved WASH services, contributing to the reduction of cholera incidence in Haiti	Percentage of population using an improved water source in rural and urban areas B Rural: 48% (2015) Urban: 65% (2015) T: Rural: 56% Urban: 71%	World Health Organization/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP), EMMUS-VI, water point mapping report, 2016	National Water and Sanitation Authority (Direction Nationale de l'Eau Potable et de l'Assainissement (DINEPA)) and partners have appropriate policies, strategies, plans, budgets and WASH monitoring tools Children, women and their families in 15 rural and urban cholera-prone communes have access to sustainable improved water and sanitation services Women, children and their families in 15 rural cholera-prone communes know the importance of stopping open defecation and the critical moments to wash their hands with soap	DINEPA Ministry of Public Health and Population Ministry of Finance Ministry of Education United Nations agencies NGOs Civil society and communities	1 750	50 000	51 750
	Percentage of the population practising open defecation in rural and urban areas B Rural: 35% (2015) Urban: 8% (2015) T: Rural: 15% Urban: 2%	JMP, EMMUS-VI					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Percentage of households with handwashing with soap and water in rural and urban areas B: Rural: 28% (2012) Urban: 44% (2012) T: Rural: 48% Urban: 60%	EMMUS-VI	L: NEPA and its partners have increased capacity to effectively respond, in a coordinated manner, to WASH-related emergencies, including cholera.				
	Incidence rate of cholera B: 0.5% T: 0.1%	Epidemiology, Laboratory and Research Directorate					
3. By the end of 2021, pregnant and lactating women, and boys and girls under the age of 5, most affected by acute and chronic malnutrition have equitable access to an essential and quality package of integrated nutrition services.	Percentage of children (6-59 months) covered with two annual doses of vitamin A supplements B: 44% (2012) T: 60%	EMMUS-VI, National campaign report	Institutions in charge of nutrition have the tools and knowledge to define a nutrition policy and to ensure coordinated and integrated nutrition interventions, including in emergency situations. Health institutions and community structures in 22 communes most affected by malnutrition have the tools to provide pregnant and lactating women and children under 5 years of age with an essential and quality package of preventive interventions and to manage severe acute malnutrition. Pregnant and lactating women and caregivers of children under 5 years of age in 22 communes most affected by malnutrition know appropriate feeding practices.	Ministry of Public Health and Population Ministry of Planning and External Cooperation United Nations agencies NGOs Civil society and communities	2 250	15 000	17 250
	Percentage of children (0-5 months) who are exclusively breastfed B: 40% (2012) T: 60%	EMMUS-VI					
	Percentage of pregnant women receiving iron and folic acid for at least 90 days B: 30% (2012) T: 50%	EMMUS-VI, SISNU					
	Percentage of children suffering from chronic malnutrition B: 22% (2012) T: 18%	EMMUS-VI					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
4. By the end of 2021, girls and boys are integrated into an inclusive and quality education system	Number of out-of-school girls and boys (6-14 years) B: 321,947 (2015) T: < 220,000	Study on out-of-school children, EMMUS VI	School personnel and communities in selected communes within five targeted departments have improved capacity to ensure access to preschool and the first cycle of basic education at the right age, particularly for excluded children. Public schools in the selected communes within five targeted departments are equipped to facilitate learning and completion for girls and boys in preschool and primary schools. The Ministry of Education at the central and local levels has improved capacity to identify and address bottlenecks that impede children's access to the education system, especially for out-of-school and overage children, including in emergency situations.	Ministry of Education Ministry of Social Affairs Official training institutes United Nations agencies NGOs Civil society and communities	3 500	15 000	18 500
	Mean score in 4th grade in reading B: 40 T: > 60	Sample studies and national evaluations					
5. By the end of 2021, children most exposed to the risk of violence have access to quality prevention and response services and to protective practices at the family and community levels.	Percentage of children in prolonged pretrial detention among children in conflict with the law B: 73% T: 40 %	Data from juvenile courts and the prison authority	The government at the national, departmental and local levels is equipped with intersectoral tools, processes and resources in order to prevent and addresses violence, abuse and neglect, including in emergency situations. Social services providers (social welfare, justice, security, education and health), in collaboration with civil society and community leaders, in targeted departments have the capacity to prevent and report violence against and the	Ministry of Social Affairs, Social Welfare Division Ministry of Justice Ministry of the Interior, Prison Administration Division United Nations agencies NGOs	1 750	10 000	11 750
	Number of children (0-17 years) living in residential care B: 32 000 T: 25 000	Residential care surveys, Institute for Social Welfare and Research (Institut du Bien-être Social et de Recherches (IBESR)					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Number of children (0-17 years) without parental care placed in formal foster care B: 11 T: 500	Foster care placement decisions, IBESR	abuse and exploitation of children and to detect, refer and care for child victims of violence, abuse and exploitation. Communities, parents, children and adolescents understand the benefits of protecting children from violence, and demonstrate increased capacities to do so, including during early childhood. Civil registry services in targeted areas are able to register declared births accordingly to national standards and in coordination with health services.	Civil society and communities			
6. The country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children, including in emergency situations.	Percentage of outcomes and outputs of the country programme document that are annually reported as either on-track or achieved B: 0% (2017) T: 100% (2021)	Annual report	UNICEF and partners are provided with guidance, tools and resources to effectively manage the country programme, including in emergency situations. UNICEF and partners are provided with guidance, tools and resources to effectively monitor and evaluate the country programme and the situation of children, including in emergency situations. UNICEF and partners are provided with tools, guidance and resources for the design and implementation of social policies. UNICEF and partners are provided with tools, guidance and resources for effective advocacy and partnerships on child rights.	Ministry of Planning and External Cooperation Ministry of Economy and Finance Civil society NGOs United Nations agencies	10 375	12 500	22 875
	Percentage of evaluation recommendations implemented, closed and reported within 12 months of uploading B: 54% T: 100%	Annual report					
	Percentage of joint initiatives in the framework of the UNSDF B: none T: 4%	Annual reports, UNSDF annual reports					
Total resources					**23 625**	**125 000**	**148 625**